

US Decisions Inc.

An Independent Review Organization
2629 Goldfinch Dr
Cedar Park, TX 78613-5114
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/23/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

5 additional sessions CPMP

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 2/3/10, 2/24/10

3/10/10, 2/1/10, 10/19/09

ODG-TWC

M.D. 5/2/08 to 7/4/04

Work History – Critical Demands 9/28/09

M.D., PhD. 8/24/09, 10/12/09, 4/24/08

Respiratory Consultants 8/17/09, 7/9/09, 6/23/09

MRI 3/4/09

Pulmonary Consultants 3/24/09

9/28/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx with an inhalation injury,. He is diagnosed with reactive lung disease and headaches. These were felt to be cluster or migraine headaches. He had some improvement of his lung disease. The headaches would be intermittent, but sometimes daily. He had a headache lasting 3 days on 10/12/09. He underwent an FCE on 9/28/09. He had no headache at the time of the assessment, but the test was aborted due to shortness of breath and hyperventilation. His job required a heavy duty PDL, which he did not meet. His initial assessment for the pain program was on 10/19/09 where 10 sessions of a pain program were approved. His assessment showed a BDI-II of 15 and a BAI of 20. He completed 15 sessions and an additional 5 were requested. A reason given was the program

was designed for 20 sessions (3/10/10). The 2/1/10 report described his need for additional time for adjustment issues, self-esteem and management of anger and resentment. Provider wrote the patient needed to learn coping skills.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

According to the ODG, Chronic Pain Program section: "Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." In this patient's case there is both evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The medical records describe the patient's motivation, his participation and his compliance through 15 sessions of a chronic pain management program. His use of pain medications has decreased. The records substantiate the patient's weekly progress over 3 weeks with increased stamina and strength and GAF score. The records describe reduced pain levels, and improved sleep. Exam notes state the patient "is making considerable progress in his ability to cope with these pain related symptoms..." It is because of these reasons that upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that medical necessity exists for 5 additional sessions CPMP.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

